

117TH CONGRESS  
1ST SESSION

# S. 2105

To enhance mental health and psychosocial support within United States foreign assistance programs.

---

IN THE SENATE OF THE UNITED STATES

JUNE 17, 2021

Mr. CASEY introduced the following bill; which was read twice and referred to the Committee on Foreign Relations

---

## A BILL

To enhance mental health and psychosocial support within United States foreign assistance programs.

1       *Be it enacted by the Senate and House of Representa-*  
2       *tives of the United States of America in Congress assembled,*

**3 SECTION 1. SHORT TITLES.**

4       This Act may be cited as the “Mental Health in  
5 International Development and Humanitarian Settings  
6 Act” or the “MINDS Act”.

**7 SEC. 2. FINDINGS; SENSE OF CONGRESS.**

8       (a) FINDINGS.—Congress finds the following:

9           (1) According to the 2016 Global Burden of  
10          Disease Study, an estimated 1,000,000,000 individ-

1       uals worldwide have a mental health or substance  
2       use disorder. Mental disorders are major contribu-  
3       tors to the global burden of disease, and depression  
4       is among the primary causes of illness and disability  
5       in adolescents.

6               (2) An individual's mental health is a complex  
7       interaction between genetic, neuropsychological, and  
8       environmental factors, and environmental and social  
9       factors, from the early years through childhood and  
10      adolescence, can have long-term impacts on mental  
11      health.

12               (3) According to a Lancet Commission report,  
13      allocations for mental health have never risen above  
14      1 percent of health-related global development as-  
15      sistance. Estimates indicate that child and adoles-  
16      cent mental health receives just 0.1 percent of  
17      health-related global development assistance.

18               (4) The National Alliance on Mental Illness es-  
19      timates that depression and anxiety disorders cost  
20      the global economy \$1,000,000,000,000 in lost pro-  
21      ductivity each year. According to Lanceet, mental  
22      health disorders are projected to cost the global  
23      economy \$16,000,000,000,000 between 2010 and  
24      2030, in part due to the early age of onset.

1                         (5) According to the World Health Organization  
2                         (WHO), half of mental health disorders emerge  
3                         by age 14, and 14 percent of children and adolescents  
4                         worldwide experience mental health conditions,  
5                         the majority of whom do not seek care, receive care,  
6                         or have access to care.

7                         (6) Exposure to violence and early childhood  
8                         adversity, including trauma, has been linked to neg-  
9                         ative, lasting effects on physical and mental health.  
10                         Early childhood adversity can impact brain develop-  
11                         ment, nervous and immune system functioning, the  
12                         onset of mental health conditions, and future behav-  
13                         iors. The United Nations asserts that widespread  
14                         school closures due to COVID–19, which have af-  
15                         fected roughly 1,500,000,000 school-aged children,  
16                         have placed many children at higher risk of exposure  
17                         to traumas, such as household violence, abuse, ne-  
18                         glect, and food insecurity.

19                         (7) According to the United Nations, more than  
20                         1 out of every 5 individuals in conflict-affected areas  
21                         has a mental health disorder. Roughly  
22                         1,500,000,000, or 2 out of every 3 of the world’s  
23                         children under 18 years of age live in countries af-  
24                         fected by conflict, and more than 1 out of every 6  
25                         children live in conflict zones. A greater number of

1 children live in areas affected by armed conflict and  
2 war now than at any other point this century. The  
3 mental health burden in conflict-affected contexts is  
4 twice the global average.

5 (8) Gender, age, disability status, race and eth-  
6 nicity, and other identity characteristics contribute  
7 to different risks and needs for mental health and  
8 psychosocial support. Research has shown that  
9 harmful gender norms contribute to higher preva-  
10 lence of depression and anxiety disorders in women  
11 and girls, while socialization of boys and men con-  
12 tributes to higher prevalence of substance use dis-  
13 orders.

14 (9) Risks and experiences of gender-based vio-  
15 lence, particularly sexual violence, are a key driver  
16 of mental health and psychosocial support needs for  
17 children. Girls account for 98 percent of verified in-  
18 cidents of conflict-related sexual violence. According  
19 to the World Health Organization, 35 percent of  
20 women globally “face sexual and/or intimate partner  
21 violence in their lifetime” and these survivors can,  
22 according to the Centers for Disease Control and  
23 Prevention, “experience mental health problems such  
24 as depression and posttraumatic stress disorder  
25 (PTSD) symptoms”, signifying the urgent need for

1 age and gender-responsive mental health and psy-  
2 chosocial support services.

3 (10) According to the World Health Organiza-  
4 tion, risk factors that increase susceptibility to men-  
5 tal health disorders include poverty and hunger,  
6 chronic health conditions, trauma or maltreatment,  
7 social exclusion and discrimination, and exposure to  
8 and displacement by war or conflict. These risk fac-  
9 tors, along with demographic risk factors, manifest  
10 at all stages in life. Preliminary research already il-  
11 lustrates that the COVID-19 pandemic has in-  
12 creased communities', families', and individuals' risk  
13 factors for multiple types of adversity and com-  
14 pounded preexisting conditions and vulnerabilities.

15 (11) Crisis situations put parents and care-  
16 givers under mental and psychosocial duress, which  
17 can prevent them from providing the protection, sta-  
18 bility and nurturing care their children need during  
19 and after an emergency. The Lancet Commission es-  
20 timates that between 15 and 23 percent of children  
21 globally live with a parent with a mental disorder,  
22 and parental ill health can impact the emotional and  
23 physical development of children and predispose  
24 these children to mental health problems. Numerous  
25 and compounding stressors and uncertainty caused

1 by COVID–19 have exacerbated distress and further  
2 impede caregivers’ ability to provide responsive care  
3 to their children.

4 (12) Investments in the mental health, resil-  
5 ience, and well-being of the children in a country to  
6 ensure that they continue to thrive into adulthood  
7 and contribute to their societies can help break cy-  
8 cles of poverty, violence, and trauma and further the  
9 country’s future potential.

10 (13) Investments in protecting and improving  
11 mental health in a country across the life course  
12 must take into account the need to target vulnerable  
13 populations and address social, environmental, and  
14 other risk factors in conjunction with other sectors  
15 and local partners.

16 (b) SENSE OF CONGRESS.—It is the sense of Con-  
17 gress that—

18 (1) ensuring that individuals have the oppor-  
19 tunity to thrive and reach their fullest potential is  
20 a critical component of sustainable international de-  
21 velopment, and the global public good benefits from  
22 investment in child and adolescent mental health;

23 (2) mental health is integral and essential to  
24 overall health outcomes and other development ob-  
25 jectives;

7                   (4) the United States Government foreign as-  
8                   sistance strategy should include a mental health and  
9                   psychosocial support component;

10                         (5) the redesign of the United States Agency  
11                         for International Development (referred to in this  
12                         Act as “USAID”) reflects the nexus between hu-  
13                         manitarian and development interventions and  
14                         should be applied to all mental health and psycho-  
15                         social support efforts of United States foreign assist-  
16                         ance programs; and

17                   (6) ongoing efforts to improve social service  
18                   workforce development and local capacity building  
19                   are essential to expanding mental health and psycho-  
20                   social support activities across all United States for-  
21                   eign assistance programs.

22 SEC. 3. COORDINATOR FOR MENTAL HEALTH AND PSYCHO-  
23 SOCIAL SUPPORT.

24       Section 135 of the Foreign Assistance Act of 1961  
25 (22 U.S.C. 2152f) is amended—

1                             (1) by redesignating subsection (f) as sub-  
2                             section (g); and

3                             (2) by inserting after subsection (e) the fol-  
4                             lowing:

5                         “(f) COORDINATOR FOR MENTAL HEALTH AND PSY-  
6                         CHOSOCIAL SUPPORT.—

7                         “(1) APPOINTMENT.—The Administrator of the  
8                         United States Agency for International Develop-  
9                         ment, in consultation with the Secretary of State, is  
10                         authorized to appoint a Mental Health and Psycho-  
11                         social Support Coordinator (referred to in this sec-  
12                         tion as the ‘MHPSS Coordinator’).

13                         “(2) SPECIFIC DUTIES.—The duties of the  
14                         MHPSS Coordinator shall include—

15                         “(A) establishing and chairing the Mental  
16                         Health and Psychosocial Support Working  
17                         Group authorized under section 4 of the Mental  
18                         Health in International Development and Hu-  
19                         manitarian Settings Act;

20                         “(B) guiding, overseeing, and directing  
21                         mental health and psychosocial support pro-  
22                         gramming and integration across United States  
23                         foreign assistance programming;

24                         “(C) serving as the main point of contact  
25                         on mental health and psychosocial support in

1           the Bureau for Global Health, Bureau for Hu-  
2           manitarian Assistance, regional bureaus, the  
3           Office of Education, the Inclusive Development  
4           Hub in the Bureau of Development, Democ-  
5           racy, and Innovation, the President’s Emer-  
6           gency Plan for AIDS Relief, and other inter-  
7           agency or presidential initiatives;

8           “(D) promoting best practices, coordina-  
9           tion and reporting in mental health and psycho-  
10          social support programming across both devel-  
11          opment and humanitarian foreign assistance  
12          programs;

13          “(E) providing direction, guidance, and  
14          oversight on the integration of mental health  
15          and psychosocial support in both development  
16          and humanitarian foreign assistance programs;  
17          and

18          “(F) participating in the Advancing Pro-  
19          tection and Care for Children in Adversity  
20          Interagency Working Group.

21          “(3) FOCUS POPULATIONS.—Along with a gen-  
22          eral focus on mental health and psychosocial sup-  
23          port, the MHPSS Coordinator should pay special at-  
24          tention to mental health and psychosocial support in  
25          the context of family and children, including—

1               “(A) meeting the needs of adult caretakers  
2               and children, including families and adults who  
3               are long-term caretakers;

4               “(B) children and others who are sepa-  
5               rated from a family unit; and

6               “(C) other specific populations in need of  
7               mental health and psychosocial support, such as  
8               crisis affected communities, displaced popu-  
9               lations, gender-based violence survivors, and in-  
10               dividuals and households coping with the con-  
11               sequences of diseases, such as Ebola, HIV/  
12               AIDS, and COVID–19.”.

13 **SEC. 4. MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT**

14 **WORKING GROUP.**

15       (a) ESTABLISHMENT.—The Administrator of the  
16 United States Agency for International Development (re-  
17 ferred to in this Act as the “USAID Administrator”), in  
18 cooperation with the Mental Health and Psychosocial Sup-  
19 port Coordinator, shall establish the Mental Health and  
20 Psychosocial Support Working Group, which shall include  
21 representatives from every United States Agency for  
22 International Development bureau and from the Depart-  
23 ment of State, to ensure continuity and sustainability of  
24 mental health and psychosocial support across foreign as-  
25 sistance programs.

1       (b) REQUIREMENTS.—The Mental Health and Psy-  
2 chosocial Support Working Group—

3                 (1) should include representation at the Deputy  
4                 Assistant Administrator level from every United  
5                 States Agency for International Development bu-  
6                 reau;

7                 (2) shall promote and encourage dialogue  
8                 across the interagency on mental health and psycho-  
9                 social support program development and best prac-  
10                 tices;

11                 (3) shall coordinate the implementation and  
12                 continuity of mental health and psychosocial support  
13                 programs—

14                         (A) within USAID;

15                         (B) between the USAID and the Bureau  
16                 of Population, Refugees, and Migration of the  
17                 Department of State; and

18                         (C) in consultation with the Centers for  
19                 Disease Control and Prevention and the Na-  
20                 tional Institutes of Mental Health, as appro-  
21                 priate.

22 **SEC. 5. INTEGRATION OF MENTAL HEALTH AND PSYCHO-**  
23 **SOCIAL SUPPORT.**

24       (a) STATEMENT OF POLICY.—It is the policy of the  
25       United States to integrate mental health and psychosocial

1 support across all foreign assistance programs funded by  
2 the United States Government.

3 (b) IMPLEMENTATION OF POLICY.—The USAID Ad-  
4 ministrator and the Secretary of State shall—

5 (1) require all USAID and Department of State  
6 regional bureaus and missions to utilize such policy  
7 for local capacity building, as appropriate, for men-  
8 tal health and psychosocial support programming;

9 (2) ensure that all USAID and Department of  
10 State mental health and psychosocial support pro-  
11 gramming—

12 (A) is evidence-based and culturally com-  
13 petent;

14 (B) responds to all types of childhood ad-  
15 versity; and

16 (C) includes trauma-specific interventions  
17 in accordance with the recognized principles of  
18 a trauma-informed approach, whenever applica-  
19 ble; and

20 (3) integrate the Advancing Protection and  
21 Care for Children in Adversity Strategy into its offi-  
22 cial policy.

23 **SEC. 6. BRIEFING REQUIREMENTS.**

24 (a) USAID BRIEFING.—Not later than 180 days  
25 after the date of the enactment of this Act, the USAID

1 Administrator and the Secretary of State shall brief the  
2 Committee on Foreign Relations of the Senate and the  
3 Committee on Foreign Affairs of the House of Representa-  
4 tives regarding—

5 (1) the progress made in carrying out section  
6 5(b); and

7 (2) any barriers preventing the full integration  
8 of the strategy referred to in section 5(b)(3).

9 (b) BRIEFING ON SPENDING.—The USAID Adminis-  
10 trator, in consultation with the Director of the Office of  
11 Management and Budget, as necessary and appropriate,  
12 shall annually brief the Committee on Appropriations of  
13 the Senate and the Committee on Appropriations of the  
14 House of Representatives during each of the fiscal years  
15 2022 through 2026 regarding the amount of United  
16 States foreign assistance spent during the most recently  
17 concluded fiscal year on child mental health and psycho-  
18 social support programming.

19 (c) USAID AND DEPARTMENT OF STATE BRIEF-  
20 INGS.—Not later than 180 days after the date of the en-  
21 actment of this Act, annually thereafter for the following  
22 5 fiscal years, and subsequently, as requested, the USAID  
23 Administrator and the Secretary of State, in consultation  
24 with the Mental Health and Psychosocial Support Coordi-  
25 nator appointed pursuant to section 135(f) of the Foreign

1 Assistance Act of 1961, as added by section 3, shall brief  
2 the Committee on Foreign Relations of the Senate and  
3 the Committee on Foreign Affairs of the House of Rep-  
4 resentatives regarding—

5                   (1) how USAID and the Department of State  
6 have integrated mental health and psychosocial pro-  
7 gramming, including child-specific programming,  
8 into their development and humanitarian assistance  
9 programs across health, education, nutrition, and  
10 child protection sectors;

11                   (2) the metrics of success of the Advancing  
12 Protection and Care for Children in Adversity Strat-  
13 egy;

14                   (3) the mental health outcomes pertaining to  
15 the evidence-based strategic objectives upon which  
16 such strategy is built;

17                   (4) where trauma-specific strategies are being  
18 implemented, and how best practices for trauma-in-  
19 formed programming are being shared across pro-  
20 grams;

21                   (5) barriers preventing full integration of child  
22 mental health and psychosocial support into pro-  
23 grams for children and youth and recommendations  
24 for its expansion;

- 1                   (6) any unique barriers to the expansion of  
2                   mental health and psychosocial support program-  
3                   ming in conflict and humanitarian settings and how  
4                   such barriers are being addressed;
- 5                   (7) the impact of the COVID–19 pandemic on  
6                   mental health and psychosocial support program-  
7                   ming; and
- 8                   (8) funding data, including a list of programs  
9                   to which USAID and the Department of State have  
10                  obligated funds during the most recently concluded  
11                  fiscal year to improve access to, and the quality of,  
12                  mental health and psychosocial support program-  
13                  ming in development and humanitarian contexts.

○